

**IDAHO STATE DEPARTMENT OF AGRICULTURE  
EURASIAN WATERMILFOIL CONTROL PROGRAM GRANT  
APPLICATION COVERSHEET**

Name of Primary Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one:

☐ Single Entity      ☐ Joint application (if joint, please attach list of cooperators)

Project Title: \_\_\_\_\_

Brief Description of Project (Attach complete narrative of proposed project):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Project Cost: \$\_\_\_\_\_ Grant Request: \$\_\_\_\_\_ Match: \$\_\_\_\_\_

Total Amount Requested from ISDA for Current Year: \$\_\_\_\_\_

Certification: I certify, to the best of my knowledge, that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization.

\_\_\_\_\_  
Printed Name of Authorized Signatory      Signature

\_\_\_\_\_  
Title      Date

*You may submit the coversheet and the completed narrative via one of the following:*

Idaho State Department of Agriculture  
Noxious Weeds Program  
P. O. Box 790  
Boise, ID 83701

E-mail: [weeds@idahoag.us](mailto:weeds@idahoag.us)  
Fax: (208) 334-2840